Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

AI	or th	e 2017 calendar year, or tax year beginning 🔠 🗓	m JL~1 , $ m ~2017$ and	ending J	UN 30,	2018		
В	Check it ipplicat	C Name of organization			D Employ	er identific	cation number	
	Addr	ROCKY MOUNTAIN MULTIPLE	SCLEROSIS CENT	ER		0.4.0		
	Nam chan	Doing business as				84-0	795455	
	∏Initia returi ∏Final	Number and street (or P.U. DOX IT MAIL IS NOT GELL 8845 WACNED STREET	vered to street address)	Room/suite	E Telepho	ne number	788-4030	
_	returi termi		ZIP or foreign poetal code		G Gross reco		2,650,953.	
	ated Amer retur	ded WECTMINGTED CO 80031	ir or loreign postar code			s a group re	turn	
	Appli	F Name and address of principal officer. Gitte	A HENSRUD		for su	bordinates'	? Yes X No	
	pend	SAME AS C ABOVE			H(b) Are all s	subordinates in	cluded? Yes No	
			(insert no.)	or 527	If "No	," attach a	list. (see instructions)	
		te: ► HTTP: //WWW.MSCENTER.ORG					n number 🕨	
KF	orm o	forganization: X Corporation Trust Ass	sociation Other >	L Year	of formation:	1978 N	State of legal domicile: CO	
Pa	ırt I	Summary					The state of the s	
	1	Briefly describe the organization's mission or most s	significant activities: IMPRO	OVE TH	E LIVE	S OF F	PEOPLE WITH	
Activities & Governance		MS AND THEIR FAMILIES THRO	UGH CARE, SUPPO	RT, ED	UCATIO	N AND	RESEARCH	
rna	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25% of	its net ass		
ve	3	Number of voting members of the governing body (F	Part VI, line 1a)			3	11	
Ğ	4	Number of independent voting members of the gove	erning body (Part VI, line 1b)				11	
တိ	5	Total number of individuals employed in calendar ye	ear 2017 (Part V, line 2a)			5	29	
/itie	6	Total number of volunteers (estimate if necessary)				6	425	
cţì	7 a	Total unrelated business revenue from Part VIII, colu				1	70,220.	
A	b	Net unrelated business taxable income from Form 9	90-T, line 34			7b	4,481.	
					Prior Ye	ar	Current Year	
4	8	Contributions and grants (Part VIII, line 1h)			1,444		1,357,800.	
Revenue	9	Program service revenue (Part VIII, line 2g)			1,060	,350.	1,083,386.	
e ve	10	Investment income (Part VIII, column (A), lines 3, 4, a		30	,425.	99,112.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			<33,	786.>	<14,572.>	
	12	Total revenue - add lines 8 through 11 (must equal F		2,501		2,525,726.		
	13	Grants and similar amounts paid (Part IX, column (A)			318	,000.	153,000.	
	14	Benefits paid to or for members (Part IX, column (A),				0.	0.	
,,	15	Salaries, other compensation, employee benefits (Pa			1,360	,835.	1,375,160.	
Expenses		Professional fundraising fees (Part IX, column (A), lin			We 102	0.	0.	
ben		Total fundraising expenses (Part IX, column (D), line		LO.				
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 1		7.	853	,807.	849,047.	
	18	Total expenses. Add lines 13-17 (must equal Part IX,			2,532	,642.	2,377,207.	
		Revenue less expenses. Subtract line 18 from line 12			<30,	813.>	148,519.	
s or					inning of Cur	rent Year	End of Year	
ets	20	Total assets (Part X, line 16)			3,510	,641.	3,676,180.	
Net Assets Fund Balan		Total liabilities (Part X, line 26)			392	,544.	424,234.	
Net E	22	Net assets or fund balances. Subtract line 21 from lin	ne 20		3,118	,097.	3,251,946.	
Pa	rt II	Signature Block		10 No. 10				
Unde	r pena	Ities of perjury, Ldeclare that I have examined this return, ir	ncluding accompanying schedules	and statemer	nts, and to the	best of my	knowledge and belief, it is	
		t, and complete. Declaration of preparer (other than officer)						
		Vall denomia				5/13/	119	
Sign		Signature of officer			Dat	е ′ ′		
Here		GINA HENSRUD, CHIEF EXE	CUTIVE OFFICER					
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature	,	ate	Check	PTIN	
Paid		WENDY DEWITT, CPA	Wendy DetVitt	5	10/19	self-employed	₽01358310	
Prepa	arer	Firm's name ACM LLP		Firn	n's EIN 🕨	01-0724563		
Use (Firm's address 4999 PEARL EAST C	IRCLE, SUITE 30	0				
		BOULDER, CO 80301	2 The second sec		Pho	ne no. (3 0	3) 440-0399	
May	the II	S discuss this return with the preparer shown above	e? (see instructions)				X Yes No	

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 • Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 84-0795455 ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 8845 WAGNER STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions WESTMINSTER, CO 80031 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A 02 Form 990-BL Form 4720 (other than individual) 09 03 Form 4720 (individual) 04 10 Form 990-PF Form 5227 Form 6069 11 05 Form 990-T (sec. 401(a) or 408(a) trust) 12 Form 8870 Form 990-T (trust other than above) ELIZABETH CARROLL The books are in the care of ▶ 8845 WAGNER STREET - WESTMINSTER, CO 80031 Telephone No. ▶ 303-788-4030 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box
If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. MAY 15, 2019 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2017 JUN 30, 2018 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. За nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. 3b estimated tax payments made. Include any prior year overpayment allowed as a credit.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

Form 8868 (Rev. 1-2017)

Code	Forr	m 990 (2017) ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER 84-0795455 Pag	_{je} 2
Briefly describe the organization's mission. TO IMPROVE THE QUALITY OF LIFE OF INDIVIDUALS AND THEIR FAMILIES LIVING WITH MS AND RELATED NEUROLOGICAL DISEASES THROUGH CARE, SUPPORT, EDUCATION AND RESEARCH 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E27 If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Pa		
TO IMPROVE THE QUALITY OF LIFE OF INDIVIDUALS AND THEIR FAMILIES LIVING WITH MS AND RELATED NEUROLOGICAL DISEASES THROUGH CARE, SUPPORT, EDUCATION AND RESEARCH 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?		Check if Schedule O contains a response or note to any line in this Part III	X
LIVING WITH MS AND RELATED NEUROLOGICAL DISEASES THROUGH CARE, SUPPORT, EDUCATION AND RESEARCH Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code	1		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cases conducting, or make significant changes in how it conducts, any program services? Ves XIII Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (code) (Expenses \$			
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prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$1,415,071. including grants of \$		SUPPORT, EDUCATION AND RESEARCH	
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If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code) (Expenses \$		If "Yes," describe these new services on Schedule O.	
4a (Code) (Expenses \$ 290,545. including grants of \$	3		No
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:		If "Yes," describe these changes on Schedule O.	
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
revenue, if any, for each program service reported. 4a (Code:) (Expenses \$			
4a (Code:) (Expenses \$1, 415, 071. Including grants of \$153,000.) (Revenue \$915,002.] 4b (Code:) (Expenses \$290,545. Including grants of \$) (Revenue \$44,164.]		Maria de la compansión	
4b (Code) (Expenses S	4a	(Code:) (Expenses \$ 1,415,071. including grants of \$ 153,000.) (Revenue \$ 915,002	•)
			_
			_
	41.	290 545	
4c (Code) (Expenses \$ 268,766. including grants of \$) (Revenue \$ 54,000.	40	(Code:) (Expenses \$) (Hevenue \$) (Hevenue \$)	•)
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4c (Code:) (Expenses \$		54.000	
	4c	(Code) (Expenses \$	_)
			_
4d Other program services (Describe in Schedule O.)	4d	Other program services (Describe in Schedule O.)	
(Expenses \$ including grants of \$) (Revenue \$)		A A A S	
4e Total program service expenses ► 1,974,382.	4e	Total program service expenses ▶ 1,974,382.	
Form 990 (201		Form 990 (20	17)

732002 11-28-17

Page 3

1 Is the organization described in section 501(s)(S) or 4947(s)(1) (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributors? 3 Did the organization engage in indirect or indirect political campaign ascivities on behalf of or in opposition to candidates for public office? (**Pes** complete Schedule C. Part I* 4 Section 501(c)(3) organizations. Did the organization range in lobbying activities, or have a section 501(h) election in effect during the text year? (**Pes** complete Schedule C. Part II* 5 Is the organization assection 501(c)(4) 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments or similar amounts as defined in Revenue Procedule C. Part II* 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? (**Pes** Complete Schedule C. Part II* 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? (**Pes** complete Schedule D. Part II* 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? (**Pes** Complete Schedule D. Part II* 9 Did the organization indirectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? (**Pes** complete Schedule D. Part V. II* 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 if *Pes** complete Schedule D. Part V. II* 11 If the organization report an amount for other assets in Part X, line 12 if *Pes** complete Schedule D. Part X. II* 12 Did the organization report an amount for other assets in Part X, line 12 if *Pes** complete Schedule D. Part X. II* 13 Did the organization seport an amount for other assets in Part	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? (***)** complete Schedule C. Part II.** 8-action 501(6)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)) election in effect during the tax year? (**)* (**)** complete Schedule C. Part II.** 8 Is the organization a section 501(6)(4).501(6)(5) or 501(6)(6) organization that receives membership dues, assessments. or similar amounts as defined in Revenue Procedure 98.19** (**)** "yea," complete Schedule C. Part II.** 5 Did the organization in receive or hold a conservation easement, including easements to present open space. The environment. Instinct land areas, or historical treasures, or other similar assets? (**)* "yea," complete Schedule D. Part II.** 7 Did the organization maintain collections of works of art. historical treasures, or other similar assets? (**)* "yea," complete Schedule D. Part II.** 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repairs, or debt negotiation services? (**)* Yea," complete Schedule D. Part II.** 10 Did the organization, directly or through a reliated organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If **yea," complete Schedule D. Part VII.** 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If **yea," complete Schedule D. Part VII.** 12 Did the organization report an amount for investments - program related in Part X, line 10 II.** 13 X 14 Did the organization report an amount for investments - program related in Part X, line 10 II.** 15 Line 10 II.** 16 Did the organization report an amount for investments in Part X, line 10 II.** 16 Did the organization report an amount for investments in Part X, line 10 II.**		If "Yes," complete Schedule A	1		
Section SOIR(3) organizations. Did the organization engage in lobbying activities, or have a section SOIR(1) electron in effect during the tax year? If "Yes," complete Schedule C, Part II X X S Is the organization associated in New Year If "Yes," complete Schedule C, Part II Yes, "complete Schedule C, Part II Yes," complete Schedule C, Part II Yes," complete Schedule C, Part II Yes," complete Schedule C, Part II Yes, "complete Schedule C, Part II Yes," complete Schedule C, Part II Yes," complete Schedule C, Part II Yes, "complete Schedule C, Part II Yes," complete Schedule C, Part II Yes, "complete Schedule C, Part II Yes," complete Schedule C, Part II Yes," complete Schedule C, Part II Yes, "complete Schedule C, Part II Yes," complete Schedule C, Part II Yes, "complete Schedule C, Part II Yes," complete Schedule C, Part II Yes, "complete Schedule C, Part II Yes," complete Schedule C, Part II Yes, "complete Schedule C, Part II Yes," complete Schedule C, Part II Yes, "complete Schedule C, Part II Yes," complete Schedule C, Part II Yes, "complete Schedule C, Part II Yes," complete Schedule C, Part II Yes, "complete Schedule C, Part II Yes, "complete Schedule C, Part II Yes," complete Schedule C, Part II Yes, "complete Sc	2		2	X	
4 X Setton 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II S Is the organization a section 501(e)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III S	3				
during the tax year? if "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:19? if "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land dreas, or historic strutures? if "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? if "Yes," complete Schedule D, Part V If the organization is exported an amount for land, buildings, and equipment in Part X, line 10? if "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VI Did the organization report an amount for other isabilities in Part X, line 19 that is 5% or more of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part X III Did the organization report an amount for other isabilities in Part X, line 19 that is 5% or more of its total assets reported in Part X, line 16? i			3	_	X
Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-187; if "Yes," complete Schedule C, Part III	4				
similar amounts as defined in Revenue Procedure 84197 (If *Yes,* complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (If *Yes,* complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historics structures? If *Yes,* complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? (If *Yes,* complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If *Yes,* complete Schedule D, Part VI 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? (If *Yes,* complete Schedule D, Part VI 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? (If *Yes,* complete Schedule D, Part VI 11 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? (If *Yes,* complete Schedule D, Part VII 11 Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? (If *Yes,* complete Schedule D, Part VII 11 Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? (If *Yes,* complete Schedule D, Part VII 11 Did the organization orbit and amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? (If *Yes,* complete Sche			4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // **/**es,**complete Schedule D, Part // ** 7 Did the organization calculation or investment of amounts in such funds or accounts? // **/*es,**complete Schedule D, Part // ** 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? // **/*es,**complete Schedule D, Part V/ 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // **/*es,**complete Schedule D, Part V/ 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // **/*es,**complete Schedule D, Part V/// 11 Did the organization report an amount for investments - other securities in Part X, line 10? // **/*es,**complete Schedule D, Part V/// 11 Did the organization report an amount for investments - other securities in Part X, line 10? // **/*es,**complete Schedule D, Part V//// 11 Did the organization report an amount for investments - other securities in Part X, line 10? // **/es,**complete Schedule D, Part V///// 11 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // **/es,**complete Schedule D, Part X////////////////////////////////////	5				
provide advice on the distribution or investment of amounts in such funds or accounts? // */es,* complete Schedule D, Part I 1			5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 8 Did the organization relation objectives? If "Yes," complete Schedule D, Part II. 9 Did the organization objectives of works of art, historical treasures, or other similar assess?" If "Yes," complete Schedule D, Part III. 9 Did the organization organization organization objective or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, III. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 11a X 11b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V. 11b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11c Did the organization report an amount for other liabilities in Part X, line 25 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII. 11c X 11d X	6				37
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Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 10 and 8a? If "Yes," complete Schedule G, Part II 11 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 11 SX	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.					
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1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 18 X The schedule G, Part III	10		''	-+	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes," complete Schedule G. Part III	10		18	x	
complete Schedule G. Part III	19		-3		
COMPLETE SCREENING G. FAIT III		10 10 10 10 10 10 10 10 10 10 10 10 10 1	19		X
		SOUTH OF THE STATE		990 (2	

	(continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes, " complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			77
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			X
1000	complete Schedule L, Part II	26		Λ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		X
	of any of these persons? If "Yes," complete Schedule L, Part III	27		A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	28a	20000	Х
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
С		28c		х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	100	\neg	
01	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		I	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form !	990 (2017)

Pa	Check if Schedule O contains a response or note to any line in this Part V					
-					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gamin	g			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	e O		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR)	.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**************		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization s	solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or gifts				
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and see	rvices provided to	the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	ras required		İ		22.000
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file February			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	1			
	sponsoring organization have excess business holdings at any time during the year?			8		Eligina's
9	Sponsoring organizations maintaining donor advised funds.					
а				9a	\rightarrow	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	11				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	Las				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11b				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		IZa		
1000	Section 501(c)(29) qualified nonprofit health insurance issuers.	[IED]				
13				13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			.00		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		

Form **990** (2017)

-	n 990 (2017) ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER 84-079!			age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon.	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			37
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management		1	Τ
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		15.55	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
3			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	No. of	65.57
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	2222	
Sect	tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable		
	for public inspection. Indicate how you made these available. Check all that apply.	2114010		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
19		manol	41	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ELIZABETH CARROLL - 303-788-4030			
	8845 WAGNER STREET, WESTMINSTER, CO 80031			
	OOTS WASHER SIREEL, WESTELLISTER, CO 00031	Гахаа	990	0017)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organiza (A)	(B)			(C)			(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	s both	h an	compensation	compensation	amount of	
	week	offi	cer ar	nd a d	recto	r/trus	tee)	from	from related	other	
	(list any	rector						the	organizations	compensation	
	hours for	or di	99			ated		organization	(W-2/1099-MISC)	from the	
	related	ustee	trust		9 9	bens		(W-2/1099-MISC)		organization and related	
	organizations below	ual tr	tional	1000	yoldı	t con	_			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) DEL ARNOLD	3.00	_	_		-	1 0					
CHAIR		Х		X				0.	0.	0.	
(2) MICHAEL PERSICHITTE	2.00										
VICE CHAIR		X		X				0.	0.	0.	
(3) DAVID GEONETTA	2.00										
TREASURER		X		X				0.	0.	0.	
(4) LOUISE RICHARDSON	2.00										
SECRETARY		X		X				0.	0.	0.	
(5) KIMBERLY EILBER	2.00							•	0		
DEVELOPMENT CHAIR	1 00	X		X				0.	0.	0.	
(6) SUSAN MCDONNELL	1.00								0		
MEMBER		Х		_				0.	0.	0.	
(7) ROBERT SHANAHAN	1.00										
MEMBER		X						0.	0.	0.	
(8) PAM SLETTEN	1.00										
MEMBER		Х						0.	0.	0.	
(9) ERICA TARPEY	1.00							0	0	0	
MEMBER		X						0.	0.	0.	
(10) CASEY TYNAN	1.00							0		0	
MEMBER	1 00	X						0.	0.	0.	
(11) STEPHEN ROESINGER	1.00	v						0.	0.	0.	
MEMBER	2.00	X		-		-	\dashv	0.	0.	0.	
(12) TIMOTHY VOLLMER, MD MEDICAL DIRECTOR	2.00	х		x				0.	0.	0.	
(13) GINA HENSRUD	40.00	Δ		Δ	-		\dashv	0.	0.	0.	
CHIEF EXECUTIVE OFFICER	40.00	х		x				153,260.	0.	11,850.	
CHIEF EXECUTIVE OFFICER		Λ	_	_			\dashv	133,200.	0.	11,050.	
								*			
				\neg		\neg	\dashv				
							\neg				
										Farm 990 (0017)	

Form 990 (2017)

Part VII Section A. Officers, Director	ors, Trustees, Key Em	oloy	ees,	and	Hi	ghes	t C	compensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	(do box	not c	Posi heck i ss per	C) itior more son i		ne an	(D) Reportable compensation	(E) Reportable compensation			(F) stimate mount	of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MI	ns	org an	other npensa rom th ganizat d relat anizati	ation e ion ed
					_								
di Chiad							>	153,260.	- X.J	0.	1	1,85	50.
	Part VII, Section A]	<u> </u>	0. 153,260.		0.		1,85	0.
Total number of individuals (includi compensation from the organization)		ose I	listed	d ab	ove)) who	re	ceived more than \$100,0	000 of reportable			Yes	1 No
3 Did the organization list any forme line 1a? If "Yes," complete Schedul	le J for such individual										3		х
 For any individual listed on line 1a, and related organizations greater th Did any person listed on line 1a rec 	nan \$150,000? If "Yes,"	" cor	nple	te S	che	dule	J fo	or such individual			4	Х	
rendered to the organization? f "You Section B. Independent Contractors	es." complete Schedule	J fo	r su	ch p	erso	on					5		Х
Complete this table for your five hig the organization. Report compensation.	tion for the calendar ye							the organization's tax ye	ar.		(0	;)	
Name and b UNIVERSITY PHYSICIANS PO BOX 110247, AURORA		0.24	47					Description of se	ervices	C		3 , 7 5	
to Box 110247, Noncia	1, 60 00012						1						
			<u> </u>				1						
2 Total number of independent contra \$100,000 of compensation from the		t lim	ited	to th	1		ed a	above) who received mo	re than		orm \$	990 (2	017)

84-0795455 ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (**D**) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 303,009. c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and ,054,791 similar amounts not included above 41,849. g Noncash contributions included in lines 1a-1f: \$ 357,800 h Total. Add lines 1a-1f Business Code 915,002. 2 a KADEP & OTHER PROGRAMS 915,002. 621400 Program Service 70,220. 621400 70,220. b PUBLICATIONS 621400 54,000. 54,000. c REGISTRATION FEES 621400 44,164. 44,164. d TISSUE BANK & OTHER f All other program service revenue ▶ 1,083,386. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 16,362. 16,362. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 85,540. assets other than inventory b Less: cost or other basis 2,790 and sales expenses 85,540.<2,790.> c Gain or (loss) 82,750. 82,750. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ ____ 303,009. of contributions reported on line 1c). See a107,865. Part IV, line 18 ь122,437. b Less: direct expenses <14,572.> <14,572.> c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a b

2,525,726.1,013,166.

70,220.

e Total. Add lines 11a-11d

Total revenue. See instructions.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	152 000	152 000		
	and domestic governments. See Part IV, line 21	153,000.	153,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	166,551.	99,931.	33,310.	33,310
•	trustees, and key employees	100,551.	22,231.	33,310.	33,310
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,023,775.	859,034.	34,019.	130,722
7 8	Pension plan accruals and contributions (include	1,020,770.	555,051.	22,323.	
0	section 401(k) and 403(b) employer contributions)	25,915.	21,895.	756.	3,264
9	Other employee benefits	73,573.	60,923.	3,011.	9,639
0	Payroll taxes	85,346.	68,934.	4,704.	11,708
1	Fees for services (non-employees):	00/0201			
a		196,919.	196,919.		
b					*
	Accounting				
	Lobbying				3333
e		ARRON L			
f		6,545.		6,545.	
q					
•	column (A) amount, list line 11g expenses on Sch O.)	100,228.	54,477.	21,664.	24,087
12	Advertising and promotion				
3	Office expenses	63,225.	37,612.	8,482.	17,131
4	Information technology			4.12	
5	Royalties				
6	Occupancy	81,611.	76,391.	2,610.	2,610
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	25,737.	14,455.	4,638.	6,644
0	Interest	10,566.	4,676.	5,763.	127
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	70,629.	64,987.	2,826.	2,816
3	Insurance	31,008.	28,779.	739.	1,490
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	KADEP ON-SITE MEALS	76,000.	76,000.		
b	ACTIVITIES/TRANSPORTATI	59,422.	59,422.		
C	INFORMS DIRECT EXPENSES	42,979.	24,552.	7,226.	11,201
d		29,254.	29,254.		
	All other expenses	54,924.	43,141.	4,922.	6,861
5	Total functional expenses. Add lines 1 through 24e	2,377,207.	1,974,382.	141,215.	261,610
6	Joint costs. Complete this line only if the organization				
100	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		

art	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing	104,003.	1	353,448
	2	Savings and temporary cash investments	185,864.	2	110,629
	3	Pledges and grants receivable, net	71,525.	3	129,000
	4	Accounts receivable, net	151,325.	4	119,512
	5	Loans and other receivables from current and former officers, directors,			
	-	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Hassella	7	Notes and loans receivable, net		7	
2	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,433.	9	29,871
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,000,856.			
	b	Less: accumulated depreciation 10b 497,910.	1,570,350.	10c	1,502,946
١,	11	Investments - publicly traded securities	557,106.	11	554,017
.	12	Investments - other securities. See Part IV, line 11		12	
- 1	13	Investments - program-related. See Part IV, line 11		13	
-	14	Intangible assets	200	14	
.	15	Other assets. See Part IV, line 11	850,035.	15	876,757
.	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,510,641.	16	3,676,180
٦.	17	Accounts payable and accrued expenses	120,698.	17	147,158
-	18	Grants payable		18	
	19	Deferred revenue	53,500.	19	101,400
12	20	Tax-exempt bond liabilities		20	
12	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
, 2	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
Sall a		Complete Part II of Schedule L		22	
1 2	23	Secured mortgages and notes payable to unrelated third parties	114,733.	23	87,063
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	103,613.	25	88,613
2	26	Total liabilities. Add lines 17 through 25	392,544.	26	424,234
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
,		complete lines 27 through 29, and lines 33 and 34.		200	0 245 050
2	27	Unrestricted net assets	2,248,792.	27	2,317,859
] 2	28	Temporarily restricted net assets	411,909.	28	471,056
3 2	29	Permanently restricted net assets	457,396.	29	463,031
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
3 3	30	Capital stock or trust principal, or current funds		30	
3 3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	2 110 005	32	2 251 046
: 3	33	Total net assets or fund balances	3,118,097.	33	3,251,946
13	34	Total liabilities and net assets/fund balances	3,510,641.	34	3,676,180 Form 990 (201

Form 990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 84-0795455 ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER 84-0795455 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	981,199.	1172079.	287,959.	1444840.	1357800.	5243877.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			l l			
	the organization without charge						
4	Total. Add lines 1 through 3	981,199.	1172079.	287,959.	1444840.	1357800.	5243877.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2415989.
6	Public support. Subtract line 5 from line 4.						2827888.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	981,199.	1172079.	287,959.	1444840.	1357800.	5243877.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		i				
	and income from similar sources	21,232.	22,532.	8,451.	24,701.	16,362.	93,278.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				V VO.201 VV.1881	4,481.	4,481.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5341636.
	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,013,166.
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2017 (li	ne 6, column (f) div	rided by line 11, co	olumn (f))		14	52.94 %
	Public support percentage from 2016					15	50.32 %
16a	33 1/3% support test - 2017. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or me	ore, check this box	and
	stop here. The organization qualifies a						
b	33 1/3% support test - 2016. If the o	rganization did not	check a box on li	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2017. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test					7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
						dule A (Form 990	or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER 84-0795455 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support				100000						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")										
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that										
	are not an unrelated trade or bus- iness under section 513										
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5										
	Amounts included on lines 1, 2, and										
-	3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
С	Add lines 7a and 7b										
	Public support. (Subtract line 7c from line 6.)										
	tion B. Total Support		5000000 Annual Control of the Contro								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
	Amounts from line 6										
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources										
b	Unrelated business taxable income						190				
	(less section 511 taxes) from businesses										
	acquired after June 30, 1975										
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)										
	Total support. (Add lines 9, 10c, 11, and 12.)										
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ation,				
	check this box and stop here						>				
Sec	tion C. Computation of Public	Support Per	centage		- 199						
15	Public support percentage for 2017 (lir	ne 8, column (f) dir	vided by line 13, co	olumn (f))		15	%				
16	Public support percentage from 2016	Schedule A, Part I	III, line 15		*********	16	%				
	tion D. Computation of Invest										
17	Investment income percentage for 20°	17 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	%				
	Investment income percentage from 2					18	%				
	33 1/3% support tests - 2017. If the										
							D				
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and										
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
	Private foundation. If the organization	ий посспеск а в	JOX OII IIIIE 14, 19a	, or 190, check th		edule A (Form 990	or 990 F71 2017				
732023	3 10-06-17				SCH	- uuic A [F UI III 33(, UI JJU-EL ZUI/				

Schedule A (Form 990 or 990-EZ) 2017 ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER 84-0795455 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A.	All	Supporting	Organizations
---------	----	-----	------------	----------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? | fraction | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part N Supporting Organizations (continued) Yes No	Sch	edule A (Form 990 or 990-EZ) 2017 ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER 84-	079545	5 P	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either allowed to generate the persons described in (b) and (c) below, the governing body of a supported dragnization? A 35% controlled entity of a supported dragnization? Did the directors, trustees, or memberating of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or trustees at all times during the tax year? If 'No.' describe in Part VI, now the supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or trustees at all times during the tax year? If 'No.' describe in Part VI how the supported organizations have the power to controlled the organizations and what conditions or restrictions; If any applied to various powers during the tax year? Did the organization operate for the brenefit of any supported organization of the supported organization, described here the profits of the person of the supported organization of the trans that year. Did the organization operate for the brenefit of any supported organization of the than the supported organization and what conditions or restrictions; If any applied to supported organizations is the person of the supported organization of the than the supported organization of the organization of the purposes of the supported organizations) that operated, supported organizations or trustees to each of the organization of supported organizations. Section C. Type II Supporting Organizations 1 Were a majority of the organization directors or trustees during the tax year also a majority of the directors or trustees the organization of the person of the organization of the person of the organization of the org	Pa	rt IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (g) above? c A 35% controlled entity of a person described in (g) or (b) above? if "Yes," to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trusteus, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe he year VI how the supported organization's defectively operated, supervised, or controlled the organization's activities. If the organization's directors or trustees are all times during the tax year. 2 Did the organization's activities. If the organization is directors or trustees are all times during the tax year. 2 Did the organization's activities. If the organization and more than one supported organization, describe he whe powers to appoint and/or remove directors or trustees are during the tax year. 1 Did the organization operated for the benefit of any supported organization? If "Yes," explain in Part VI how the supported organization other than the supported organization's any expense of a controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations, by the last day of the fifth month of the organization or a supported organization's and the supported organization's and the supported organization's provided organization or supported organization				Yes	No
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c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Pert VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax yea? If "No," describe in Pert VI how the supported organization(s) effectively operated, supervised, or controlled the organization settless. If the organization and man organization and what conditions or restrictions. If any, appelled to that one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions. If any, appelled to supported organization greating that operated, supported organization set than the supported organization greations in the property of the organization supported organization and the than the supported organization greation in the supported organization in the property of the organization of the property of the property of the property of the organization of the property of the property of the organization of the organization of the organization of the supported organization in the same persons that controlled or management of the supported organizations of the supported organization in the same persons that controlled or management of the supported organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization is officers, directors, or trustees either (i) supported organizations and organization is a provided organization is officers, directors, or trustees either (ii) supporte				-	_
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a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2			Yes	No
those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а				
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trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3				
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
2011 Y 10 0 10 10 10 10 10 10 10 10 10 10 10 1		trustees of each of the supported organizations? Provide details in Part VI.	3a		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-EZ) 2017 ROCKY MOUNTAIN MULTIPLE			34-0795455 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			>-+>//>
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. F
2	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	(D) (O,
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	1940	
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d	- 12 - 241	
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		1 7535
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	Type III supporting organ	nization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER 84-0795455 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

	Type III Non-Functionally Integrated 509	(a)(o) Supporting Orga	inizations (continued)	Current Va						
	tion D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exe									
2										
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purpose	8								
4	4 Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required)									
6										
7	Total annual distributions. Add lines 1 through 6.	Mark 1								
8	Distributions to attentive supported organizations to which the	he organization is responsive								
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2017 from Section C, line 6									
10	Line 8 amount divided by line 9 amount									
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017						
1	Distributable amount for 2017 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2017 (reason-									
	able cause required- explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2017									
а										
	From 2013									
	From 2014									
	From 2015									
	From 2016									
	Total of lines 3a through e									
_	Applied to underdistributions of prior years									
-	Applied to 2017 distributable amount									
i										
÷	Remainder, Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2017 from Section D.									
7	line 7: \$									
_	Applied to underdistributions of prior years									
	Applied to 2017 distributable amount									
	Remainder. Subtract lines 4a and 4b from 4.									
	Remaining underdistributions for years prior to 2017, if									
5	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
-	Remaining underdistributions for 2017. Subtract lines 3h									
6	and 4b from line 1. For result greater than zero, explain in									
_	Part VI. See instructions.									
7	Excess distributions carryover to 2018. Add lines 3j									
_	and 4c.									
8	Breakdown of line 7:									
	Excess from 2013									
-	Excess from 2014									
	Excess from 2015									
	Excess from 2016									
е	Excess from 2017			Form 990 or 990-EZ) 2						

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	ule A (Form 990 or 990-EZ) 2017 ROCKY MOUNTAIN MULTIPLE SCLEE	ROSIS CENTER 84-0795455 Page 8
Part VI	VI Supplemental Information. Provide the explanations required by Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Par line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete the	e 10; Part II, line 17a or 17b; Part III, line 12; rt IV, Section B, lines 1 and 2; Part IV, Section C, b; Part V, line 1; Part V, Section B, line 1e; Part V,
-	(See instructions.)	
	· · · · · · · · · · · · · · · · · · ·	

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	, Marie Mari	
		Water Control of the State of t
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER

Employer identification number 84-0795455

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		44444
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose of	conferring
Pa	rt II Conservation Easements. Complete if the org		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		200 00
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	<u> </u>	F 7 . 1 . 1	and the same
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	on easements during the year
	> \$	170/6	\/4\/P\/\;\
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes the	le organization s accounting for
Par	conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under SFAS 116 (ASI		ent and balance sheet works of art
Id	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		The state of the s
h	If the organization elected, as permitted under SFAS 116 (ASI		and balance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	accuser, or recourse in remainer are	
			▶ \$
			No. of the contract of the con
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under SFAS 11		Value of Proceedings
а	Revenue included on Form 990, Part VIII, line 1		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

-	edule D (Form 990) 2017 ROCKY Mort III Organizations Maintaining C	OUNTAIN MU				84-07 nilar Asset			
3	Using the organization's acquisition, access	on, and other record	ls, check any of the	following that are	a significa	ant use of its	collectio	n item	ıs
	(check all that apply):								
а	Public exhibition		Loan or exc	hange programs					
b	Scholarly research	E	Other	***					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's e	xempt pu	urpose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical treas	sures, or other sim	ilar asset	ts			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?			Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes"	on Form	990, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other assets n	ot includ	ed		_	_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
					_		Amou	nt	
С	Beginning balance				<u>L</u>	1c			
d	Additions during the year				<u>L</u>	1d	-		
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe						Yes	L	_ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	rt V Endowment Funds. Complete								
	Control Contro	(a) Current year	(b) Prior year	(c) Two years bac		ree years back	(e) Fou		
1a	Beginning of year balance	271,735.	207,148.	193,577	/·	213,800.			922.
b	Contributions		500.	45.00		1,458.			506.
С	Net investment earnings, gains, and losses	18,803.	85,285.	17,007	<u> </u>	4,145.	_	45,	,285.
d	Grants or scholarships						-		
е	Other expenditures for facilities		15.000		1	45 045			000
	and programs		15,209.	2 42/		15,047.			209.
f	Administrative expenses	202 522	5,989.	3,436	_	10,779.			704.
g	End of year balance	290,538.	271,735.	207,148	·	193,577.		213,	800.
2	Provide the estimated percentage of the curr) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ▶ 20.40	——————————————————————————————————————							
С		5.49 %							
_	The percentages on lines 2a, 2b, and 2c should be a sh	and the second second	e w c t tr	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	a administered for	the orga	inization		V	Na
	by:						2=(i)	Yes	NO
	(i) unrelated organizations						3a(i)	21	X
	(ii) related organizations						3a(ii)		
	If "Yes" on line 3a(ii), are the related organizated Describe in Part XIII the intended uses of the						3b		
Par	t VI Land, Buildings, and Equipme		vinent iunus.						
· ui	Complete if the organization answered		Part IV line 11a Se	e Form 990 Part	X line 10)			
	Description of property	(a) Cost or of			Accumu		(d) Boo	k valu	ο
	Description of property	basis (investm			depreciat		(a) 500	n value	C
1-	Land			5,006.			59	5,00	06.
	Land Buildings			0,442.	123	872.		6,5	
	Leasehold improvements			4,828.		604.		3,2	
				0,580.		434.		8,14	
	Equipment Other			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				- , -	
	Add lines 1a through 1e (Column (d) must on		Column (R) line 10)c)			1.50	2.94	46.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2017

ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS TO

732054 10-09-17

Schedule D (Form 990) 2017 ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER 84-0795455 Page 5 Part XIII Supplemental Information (continued)
REPORT ITS UNRELATED BUSINESS TAXABLE INCOME. THE MS CENTER HAD AN
INSIGNIFICANT AMOUNT OF UNRELATED BUSINESS INCOME AND HAS NOT ACCRUED A
PROVISION FOR INCOME TAX EXPENSE AT JUNE 30, 2018.
THE MS CENTER BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX
POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH,
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
FINANCIAL STATEMENTS. THE MS CENTER'S FORMS 990, 990-T AND OTHER INCOME
TAX FILINGS REQUIRED BY STATE, LOCAL OR NON-U.S. TAX AUTHORITIES ARE NO
LONGER SUBJECT TO EXAMINATION FOR YEARS BEFORE 2014.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN VALUE OF INVESTMENTS 22,836.
LOSS ON FIXED ASSET DISPOSAL 2,790.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 25,626.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
PART XII, LINE 2D - OTHER ADJUSTMENTS: LOSS ON FIXED ASSET DISPOSAL 2,790.
LOSS ON FIXED ASSET DISPOSAL 2,790.
LOSS ON FIXED ASSET DISPOSAL 2,790. PART V, LINE 4
PART V, LINE 4 THE MS CENTER IS ORGANIZED AS A COLORADO NONPROFIT CORPORATION AND HAS THE
DOSS ON FIXED ASSET DISPOSAL PART V, LINE 4 THE MS CENTER IS ORGANIZED AS A COLORADO NONPROFIT CORPORATION AND HAS THE MS CENTER'S BOARD-DESIGNATED AND PERMANENTLY RESTRICTED NET ASSESTS HELD
DOSS ON FIXED ASSET DISPOSAL 2,790. PART V, LINE 4 THE MS CENTER IS ORGANIZED AS A COLORADO NONPROFIT CORPORATION AND HAS THE MS CENTER'S BOARD-DESIGNATED AND PERMANENTLY RESTRICTED NET ASSESTS HELD BY THE MS CENTER, AND PERMANENTLY RESTRICTED NET ASSET HELD BY COMMUNITY
PART V, LINE 4 THE MS CENTER IS ORGANIZED AS A COLORADO NONPROFIT CORPORATION AND HAS THE MS CENTER'S BOARD-DESIGNATED AND PERMANENTLY RESTRICTED NET ASSESTS HELD BY THE MS CENTER, AND PERMANENTLY RESTRICTED NET ASSET HELD BY COMMUNITY FIRST FOUNDATION, AN UNRELATED PUBLIC CHARITY, ARE INVESTED IN ENDOWMENT

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

ROCKY M	OUNTAIN MULTIPLE S	CLE	ROS	IS CENTER	84-0795	455
Part I Fundraising Activities required to complete this par	 Complete if the organization answert. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicita f Solicita g Special or oral agreement with any individual lart VII) or entity in connection with providuals or entities (fundraisers) pursu-	tion of tion of fundra (includant)	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	50
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funds have co or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					2.300	
					500	
8						
1.315-32-3						
Tatal			_			
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontribu	utions	or has been notified	it is exempt from reg	gistration
		-111		N - 21/11		
					A-18 (****)	

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	(Form 990 or 990-EZ) 2017							
Part II	Fundraising Events.	Complete i	if the organization	answered "Yes" o	n Form 990, Part IV,	line 18, or rep	orted more than \$15,	000

_	_	of fundraising event contributions and gr				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA	MS4MS	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
PLIE			,,,,			
Revenue	1	Gross receipts	302,741.	67,583.	40,550.	410,874.
Œ		Less: Contributions	208,201.	61,178.	33,630.	303,009.
	3	Gross income (line 1 minus line 2)	94,540.	6,405.	6,920.	107,865.
	4	Cash prizes				46
	5	Noncash prizes				
ses			F.4. 0.0.1			F4 001
xpen	6	Rent/facility costs	54,801.			54,801.
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	55,272.	9,519.	2,845.	67,636.
	10	,				122,437. <14,572.>
Pa	11	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a	ne 3, column (d)	990 Part IV line 19 or re		<14,5/2.>
_		\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	000, 1 art 17, mio 10, 01 10	sported more trian	
0.12			(-) (2)	(b) Pull tabs/instant	(-) Otheri	(d) Total gaming (add
nne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
ш	1	Gross revenue				
		Cook prizes				
ses	2	Cash prizes				
ben	3	Noncash prizes			9 700 900	
Direct Expenses						
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	=	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
					20	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
0	Ent	er the state(s) in which the organization condu	ote gaming activities:			
		ne organization licensed to conduct gaming ac		tates?		Yes No
		No," explain:				
		re any of the organization's gaming licenses rev	voked, suspended, or ter	minated during the tax ye	ear?	Yes No
b	IT "Y	res," explain:				
		And the same of th		- V		

Sch	nedule G (Form 990 or 990-EZ) 2017 ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER 84-	0795455	Page 3
11			No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
-	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		13a	%
	a The organization's facility		%
	n outside facility	13b	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
1 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
-	of gaming revenue retained by the third party \$\sim \$\sum_{\text{\text{\$\sum_{\text{\text{\$\sum_{\cmtilde{\sum_{\end{\sum_{\cmtilde{\sum_{\cmtilde{\sum_{\end{\sum_{\end{\sum_{\end{\sum_{\cmtilde{\sin_{\end{\sum_{\cmtilde{\sum_{\cmtilde{\sin_{\sin_{\sin_{\cmtilde{\sin_{\cmtilde{\sin_{\sin_{\cmtilde{\sin_{\cmtilde{\sin_{\sin_{\cmtilde{\sin_{\sin_{\cmtilde{\sin_{\sin_{\cmtilde{\sin_{\sin_{\sin_{\cmtilde{\sin_{\sin_{\cmtilde{\sin_{\sin_{\sin_{\sin_{\cmtilde{\sin_{\sin_{\sin_{\sin_{\sin_{\cmtilde{\sin_{\sin_{\sin_{\cmtilde{\sin_{\si		
_	: If "Yes," enter name and address of the third party:		
	The rest, effect that the and address of the time party.		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pai	TTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9, 9b, 10b	, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
-			
_			

Schedule G	(Form 990 or	990-EZ)	ROCKY	MOUNTAIN	MULTIPLE	SCLEROSIS	CENTER	84-0795455	Page 4
Part IV	Suppleme	ental Inform	nation (co	ontinued)				84-0795455	
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				74)				11-100	
			2000	149.00					

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▼ Attach to Form 990.

OMB No. 1545-0047

Go to www.irs.gov/Form990 for the latest information.

Employer identification number Open to Public Inspection

% × 84-0795455 (h) Purpose of grant TO SUPPORT RESEARCH or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any PROJECTS Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) BOOK VALUE 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 153,000. cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 84-6049811 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? ADVANCEMENT - MAIL STOP A065/13001 1 (a) Name and address of organization E. 17TH PLACE - AURORA, CO 80045 or government CU FOUNDATION OFFICE OF Part Part

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Schedule I (Form 990) (2017)

ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER Schedule I (Form 990) (2017)

Page 2

84-0795455

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER

Employer identification number 84-0795455

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	:s
1	Art - Works of art		la constant					
2	Art - Historical treasures							
3	Art - Fractional interests			The second second				
4	Books and publications					20.20.00		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	15,342.	MARKET VALU	E		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy				3.544.1			
22	Historical artifacts							
23	Scientific specimens			100.3	***************************************			
24	Archeological artifacts							
25	Other ► (GALA ITEMS)	X	0		FAIR MARKET			
26	Other (EQUIPMENT)	X	1	2,000.	COMPARABLE V	/ALU	E	
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contribution	any property repo	orted in Part I, lines 1 through	1 28, that it			
	must hold for at least three years from the date	of the initial	contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that red	quires the review o	f any nonstandard contributi	ons?	31	X	
32a	Does the organization hire or use third parties o	r related org	anizations to solic	it, process, or sell noncash				
	contributions?					32a		<u>X</u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is check	(ed,			
	describe in Part II.							
.HA	For Paperwork Reduction Act Notice, see t	he Instructi	ons for Form 990	•	Schedule M	(Form	990)	2017

732141 09-07-17

Schedule M	(Form 990) 2017	ROCKY	MOUN	TAIN	MULTI	PLE	SCLER	OSIS	CENT	ER	84-07	95455	Pag	ge 2
Part II	Supplemental is reporting in Part this part for any ac	Informa I, column dditional in	ation. Pro (b), the null formation.	ovide the mber of	information contribution	n require is, the n	ed by Part number of i	I, lines 30 tems rec	0b, 32b, a eived, or a	and 33, a a combir	nd whethe nation of bo	r the organ oth. Also co	ization omplete	
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER

Employer identification number 84-0795455

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SPECIALTY CARE SERVICES: KADEP: THE KING ADULT DAY ENRICHMENT PROGRAM

(KADEP) SERVES YOUNGER ADULTS WHO HAVE MODERATE TO SEVERE DISABILITY

CAUSED BY NEUROLOGICAL ILLNESSES OR TRAUMA. KADEP IS DESIGNED TO

ENHANCE WELLNESS, MAINTAIN OR IMPROVE FUNCTIONAL STATUS, AND PROVIDE

OPPORTUNITIES FOR SOCIALIZATION, PERSONAL DEVELOPMENT AND ENJOYMENT.

MS SPECIALTY CARE: THROUGH ITS AFFILIATION WITH THE ROCKY MOUNTAIN MS

CENTER AT UNIVERSITY OF COLORADO (RMMSC@CU), THE UNIVERSITY OF COLORADO

CENTER AT UNIVERSITY OF COLORADO (RMMSC@CU), THE UNIVERSITY OF COLORADO

AT DENVER AND THE UNIVERSITY OF COLORADO HOSPITAL HAVE JOINED TOGETHER

TO FORM AN "MS CENTER OF EXCELLENCE," WHICH SERVES THE ROCKY MOUNTAIN

REGION THROUGH PATIENT CARE, EDUCATION, SUPPORT AND CUTTING-EDGE

RESEARCH. STATE-OF-THE-ART MEDICAL CARE IS PROVIDED BY MS FELLOWSHIP

TRAINED NEUROLOGISTS, AND INCLUDES A PEDIATRIC PROGRAM THAT SPECIALIZES

IN TREATING CHILDREN AND TEENS WITH MS. THE MS CENTER ALSO HAS

AFFILIATED MS-SPECIALTY CLINICS AT THE DENVER VETERAN'S ADMINISTRATION

HOSPITAL AND DENVER HEALTH MEDICAL CENTER.

SPECIALTY-SUPPORT PROGRAMS: THE MS CENTER PROVIDES PROGRAMS THAT ARE

DESIGNED TO HELP MS PATIENTS AND THEIR FAMILIES MANAGE SPECIFIC ISSUES

RELATED TO MULTIPLE SCLEROSIS. THE MS DISABILITY ASSESSMENT PROGRAM

HELPS INDIVIDUALS NAVIGATE THE CHALLENGING PROCESS OF APPLYING FOR

SOCIAL SECURITY DISABILITY INSURANCE. THE. MS CENTER ALSO OFFERS

HYDROTHERAPY PROGRAMS, WHICH PROVIDE MAINTENANCE REHABILITATION TO

INDIVIDUALS LIVING WITH MS AND OTHER NEUROLOGICAL CONDITIONS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Page 2 Schedule O (Form 990 or 990-EZ) (2017) Employer identification number Name of the organization 84-0795455 ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER THE MS CENTER PROVIDES COUNSELING AND SUPPORT SERVICES FOR PEOPLE WITH MS AND THEIR FAMILIES. THROUGH INDIVIDUAL AND FAMILY COUNSELING SESSIONS, AS WELL AS SEMINARS, THE CENTER OFFERS A RANGE OF RESOURCES TO ADDRESS INDIVIDUAL NEEDS. EVERY MONTH MS 101 CLASSES ARE OFFERED TO NEWLY DIAGNOSED PATIENTS AND THEIR FAMILIES. RMMSC ALSO OFFERS AN MS YOUNG PROFESSIONALS NETWORK (MSYPN) TO PROVIDE SUPPORT, NETWORKING AND VOLUNTEERING OPPORTUNITIES TO YOUNG ADULTS LIVING WITH MS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: RESEARCH: CLINICAL TRIALS: THE MS CENTER, THROUGH ITS PARTNERSHIP WITH RMMSC@CU, SUPPORTS A VARIETY OF RESEARCH PROJECTS DESIGNED TO IMPROVE THE LIVES OF INDIVIDUALS LIVING WITH MULTIPLE SCLEROSIS. FACULTY INITIATED CLINICAL RESEARCH FUELS THE SEARCH FOR SAFER AND MORE EFFECTIVE TREATMENTS AND COMBINATION THERAPIES TO TREAT MS. BRAIN AND TISSUE BANK: THE MS CENTER, THROUGH ITS PARTNERSHIP WITH RMMSC@CU, ADMINISTERS ONE OF THE WORLD'S LARGEST FRESH BRAIN TISSUE BANKS. THE TISSUE IS RETRIEVED, STORED AND PROVIDED TO MS RESEARCHERS FROM AROUND THE WORLD, AND IS ESSENTIAL TO THE GLOBAL EFFORT TO FIND THE CAUSE OF, AND CURE FOR, MS. RESEARCH: THE MS CENTER RAISES FUNDS FOR RESEARCH AT THE UNIVERSITY OF COLORADO. THIS RESEARCH APPLIES THE CLINICAL KNOWLEDGE GAINED OVER THE LAST 20 YEARS AND ACTIVELY MOVES US TOWARD IMPROVED THERAPIES AND EARLIER DIAGNOSIS.

Page 2 Schedule O (Form 990 or 990-EZ) (2017) Employer identification number Name of the organization ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER 84-0795455 FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: EDUCATION: THE MS CENTER CONDUCTS A VARIETY OF PROGRAMS TO EDUCATE THOSE WITH MULTIPLE SCLEROSIS, THEIR FAMILIES, THE GENERAL PUBLIC, AND PROFESSIONALS PROVIDING SERVICES AND CARE FOR INDIVIDUALS WITH MS. THE MS CENTER CONDUCTS A VARIETY OF PUBLIC SEMINARS AND WEBINARS, PRODUCES EDUCATIONAL MATERIALS, AND MAINTAINS AN INFORMATIVE WEBSITE AT WWW.MSCENTER.ORG. THE MS CENTER PUBLISHES A QUARTERLY MAGAZINE, "INFORMS", WHICH IS AVAILABLE IN BOTH PRINT AND ELECTRONIC VERSIONS, AND DISTRIBUTES AN ELECTRONIC NEWSLETTER, "EMS NEWS", WHICH FEATURES RESEARCH INFORMATION, OPPORTUNITIES TO PARTICIPATE IN MS CLINICAL RESEARCH, AND INFORMATION ON UPCOMING EVENTS. FORM 990, PART VI, SECTION A, LINE 8B: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CAN ACT ON BEHALF OF THE BOARD, EXCEPT AS SPECIFICALLY EXCLUDED IN THE BYLAWS. FORM 990, PART VI, SECTION B, LINE 11B: THE FULL BOARD HAS DELEGATED APPROVAL TO THE FINANCE COMMITTEE. THE FULL BOARD SEES THE 990, BUT GENERALLY AFTER IT HAS BEEN FILED. WE INCLUDE IT IN THE BOARD PACKET FOR THE NEXT SCHEDULED BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: DURING ORIENTATION, ALL BOARD MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY. ALL ARE REQUIRED TO SIGN A DOCUMENT INDICATING THAT THEY HAVE READ AND UNDERSTAND THE POLICY, AND THAT THEY MUST DISCLOSE ANY ACTUAL OR

AND OFFICERS ARE REQUIRED TO PROTECT THE INTERESTS OF THE MS CENTER AND TO Schedule O (Form 990 or 990-EZ) (2017)

POTENTIAL CONFLICTS IN WRITING. THE DOCUMENT IS UPDATED ANNUALLY. DIRECTORS

Employer identification number 84-0795455

ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER

INFORM THE BOARD OF ANY MATTERS OR AFFILIATIONS THAT MAY CREATE ACTUAL OR

APPARENT CONFLICTS. FURTHER, THEY ARE REQUIRED TO REFRAIN FROM USING THEIR

POSITION OR INFORMATION THEY RECEIVE BY REASON OF SERVING THE MS CENTER FOR

PRIVATE GAIN OR FOR THE BENEFIT OF A THIRD PARTY - EVEN IF THE THIRD PARTY

IS ANOTHER NONPROFIT ORGANIZATION. DIRECTORS AND OFFICERS ARE REQUIRED TO

COMPLETE A FORM TO IDENTIFY THEIR AFFILIATIONS, SO THAT THE BOARD IS

INFORMED AND CAN DISCUSS AND HANDLE POTENTIAL CONFLICTS BEFORE THEY ARISE.

DIRECTORS MUST ALSO REVIEW AND UNDERSTAND THE FIDUCIARY RESPONSIBILITY

STATEMENT. ALONG WITH THE AFFILIATIONS FORM, THIS SHOULD HELP TO IDENTIFY

POTENTIAL CONFLICTS THAT MIGHT OTHERWISE INCREASE PERSONAL LIABILITY FOR

THE DIRECTORS AND OFFICERS,

AND POSSIBLY OVERALL LIABILITY OF THE MS CENTER. IDENTIFYING CONFLICTS MAY

ALSO HELP ENSURE COMPLIANCE WITH ANTITRUST LAWS. UPON DISCLOSURE OF A

POSSIBLE CONFLICT OF INTEREST, A DETERMINATION SHALL BE MADE BY THE BOARD

AS TO THE PARTICIPATION OF THE INDIVIDUAL IN THE MATTER AND, IN THE CASE OF

A DIRECTOR, AS TO PARTICIPATION IN THE VOTING MATTER. A DIRECTOR MAY

DISQUALIFY HIMSELF OR HERSELF FROM VOTING ON ANY ISSUE THAT MAY BE

PERCEIVED AS AN APPARENT OR ACTUAL CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

A PERFORMANCE REVIEW IS CONDUCTED ANNUALLY BY THE BOARD OF DIRECTORS

REGARDING PERFORMANCE AND COMPENSATION OF THE CEO. INDEPENDENT DATA SOURCES

RELATED TO NONPROFIT EMPLOYEE COMPENSATION ARE USED. TYPICALLY, THE CEO'S

PERFORMANCE REVIEW IS REVIEWED BY THE EXECUTIVE COMMITTEE AND SHARED WITH

THE FULL BOARD DURING THE EXECUTIVE SESSION. THE RESULTS OF THE PERFORMANCE

REVIEW ARE WRITTEN BY THE CHAIR OF THE BOARD. A PERFORMANCE REVIEW OF THE

CEO WAS LAST CONDUCTED IN MARCH OF 2018.